MAXIMUS FEDERAL SERVICES, INC.
Independent Medical Review
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MAXIMUS Federal Services

Notice of Independent Medical Review Determination

Dated: 10/2/2013

Employee:	
Claim Number:	
Date of UR Decision:	7/2/2013
Date of Injury:	4/24/1999
IMR Application Received:	7/18/2013
MAXIMUS Case Number:	CM13-0001905

1) MAXIMUS Federal Services, Inc. has determined the request for a urine drug screen **is medically necessary and appropriate.**

2) MAXIMUS Federal Services, Inc. has determined the request for four (4) cervical trigger point injections **is not medically necessary and appropriate.**

3) MAXIMUS Federal Services, Inc. has determined the request for Ultram ER 150mg #30 **is not medically necessary and appropriate.**

4) MAXIMUS Federal Services, Inc. has determined the request for Opana ER 5mg #180 **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/18/2013 disputing the Utilization Review Denial dated 7/2/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/19/2013. A decision has been made for each of the treatment and/or services that were in dispute:

1) MAXIMUS Federal Services, Inc. has determined the request for a urine drug screen **is medically necessary and appropriate.**

2) MAXIMUS Federal Services, Inc. has determined the request for four (4) cervical trigger point injections **is not medically necessary and appropriate.**

3) MAXIMUS Federal Services, Inc. has determined the request for Ultram ER 150mg #30 **is not medically necessary and appropriate.**

4) MAXIMUS Federal Services, Inc. has determined the request for Opana ER 5mg #180 **is not medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:
The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology and Pain Management, and has a sub-specialty certification in Acupuncture, and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The Expert Reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and treatments and/or services at issue.

Case Summary:
Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated July 3, 2013:

The patient is a 53 year old male with a date of injury of 412411999. Under review is a prospective request for 1 urine drug screen, 4 cervical trigger point injections, 1 prescription of Remeron 15mg #60, I prescription ofPriiosec 20mg #60, I prescription ofU!tram ER 150mg #30, I prescription ofOpana ER 5mg # 180, 1 internal medicine consultation with for blood pressure and 1 prescription of Lisinopril 20mg. Submitted documentation from Dr. [redacted] dated 6/5/2013 states the patient is having continued severe debilitating pain at the base of the neck. The patient is currently awaiting potential cervical and left shoulder surgical interventions. During pre-op clearance elevated liver enzymes and fluid in the left lung were detected, subsequently the surgery was put on hold. The patient had a colostomy placed after an emergency X - Lap was performed due to a ruptured colon from longstanding medication use. The patient was authorized for a colostomy reversal but then denied at the last minute. Current exam findings revealed decreased cervical range-ot~motion with flexion, extension, and bilateral lateral bending. Bilateral shoulder range-of-motion was also reduced especially with the right shoulder showing 110 degrees of abduction. Palpation

of the cervical spine revealed tenderness to the posterior cervical musculahlfe and point tenderness to the suboccipital muscles. The patient continues to have ongoing blood pressure issues and was instructed to follow up with Dr. [redacted] for blood pressure management. The patient was diagnosed with status post total disc arthroplasty at C3, C4 112009, status post cervical fusion, C4-CS and C5-C6 6/19/2003, removal of hardware 11812008, cervicogenic headaches, mild cervical dystonia, status post posterior lumbar interbody fusion, L4-5 and L5-S I 212002, bilateral lower extremity radiculopathy, reactionary depression/anxiety, bilateral carpal tunnel syndrome, right greater than left, right carpal tunnel release 3/2/2007, status post right ulnar transposition, and colostomy 8/20/2010. The patient is currently managed with multiple medications, including: Ultram ER 150mg #30, Remeron 15mg #60, Prilosec 20mg #60, Opana ER 5mg #180 and Lisinopril20mg q.a.d. It is noted that conservative methods have failed to manage current symptoms."

Documents Reviewed for Determination:
The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application for Independent Medical Review (received 7/18/13
- Utilization Review Determination from [redacted] (dated 7/3/13)
- Medical records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

1) **Regarding the request for urine drug screen:**

<u>Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision</u>:
The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, (2009), Opioids Section, Step to Avoid Misuse/Addiction, which is part of the California Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

<u>Rationale for the Decision:</u>
The employee was injured on 4/24/1999. Medical records submitted for review indicate the employee has severe pain at the base of the neck. Diagnoses include: status post total disc arthroplasty at C3 and C4; status post cervical fusion at C4-5 and C5-6; removal of hardware; cervicogenic headaches; mild cervical dystonia; bilateral carpal tunnel syndrome; and other diagnoses. Treatment has included medications, including Ultram ER, Remeron, Prilosec, Opana ER, and Lisinopril. The provider noted that conservative methods have failed to manage current symptoms. A request was submitted for a urine drug screen.

The MTUS Chronic Pain Guidelines indicate it is reasonable to perform one urine drug screen in the January to June timeframe, and another in the July to December timeframe. The employee had a urine drug screen on 1/22/13, and request was made for repeat urine drug screen in June 2013. It is reasonable to

request certification in June for a urine drug screen to be performed in July. The guideline supports the request. The request for a urine drug screen **is medically necessary and appropriate.**

2) **Regarding the request for four (4) cervical trigger point injections:**

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:
The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, (2009), which is part of the California Medical Treatment Utilization Schedule (MTUS), but did not list a specific citation. The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found page 122 of the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:
The employee was injured on 4/24/1999. Medical records submitted for review indicate the employee has severe pain at the base of the neck. Diagnoses include: status post total disc arthroplasty at C3 and C4; status post cervical fusion at C4-5 and C5-6; removal of hardware; cervicogenic headaches; mild cervical dystonia; bilateral carpal tunnel syndrome; and other diagnoses. Treatment has included medications, including Ultram ER, Remeron, Prilosec, Opana ER, and Lisinopril. The provider noted that conservative methods have failed to manage current symptoms. A request was submitted for four (4) cervical trigger point injections.

The MTUS Chronic Pain Guidelines indicate that six weeks are required to determine the efficacy of trigger point injections and whether repeat injections are indicated. The records submitted and reviewed indicate repeat trigger point injections were performed, which confounded the assessment and certification for repeat trigger point injections. The request for four (4) cervical trigger point injections **is not medically necessary and appropriate.**

3) **Regarding the request for Ultram ER 150mg #30:**

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:
The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, (2009), Opioids section, Criteria for Use subsection, which is part of the California Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:
The employee was injured on 4/24/1999. Medical records submitted for review indicate the employee has severe pain at the base of the neck. Diagnoses include: status post total disc arthroplasty at C3 and C4; status post cervical fusion at C4-5 and C5-6; removal of hardware; cervicogenic headaches; mild

cervical dystonia; bilateral carpal tunnel syndrome; and other diagnoses. Treatment has included medications, including Ultram ER, Remeron, Prilosec, Opana ER, and Lisinopril. The provider noted that conservative methods have failed to manage current symptoms. A request was submitted for Ultram ER 150mg #30.

The MTUS Chronic Pain Guidelines indicate Tramadol (Ultram) may produce life-threatening condition known as serotonin syndrome, in particular when used with medications that impair serotonin metabolism. The records submitted and reviewed indicate the employee is currently taking Remeron, which is an antidepressant medication that impairs serotonin metabolism. The request for Ultram ER 150mg #30 **is not medically necessary and appropriate.**

4) Regarding the request for Opana ER 5mg #180:

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:
The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, (2009), Opioids Section, which is part of the California Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:
The employee was injured on 4/24/1999. Medical records submitted for review indicate the employee has severe pain at the base of the neck. Diagnoses include: status post total disc arthroplasty at C3 and C4; status post cervical fusion at C4-5 and C5-6; removal of hardware; cervicogenic headaches; mild cervical dystonia; bilateral carpal tunnel syndrome; and other diagnoses. Treatment has included medications, including Ultram ER, Remeron, Prilosec, Opana ER, and Lisinopril. The provider noted that conservative methods have failed to manage current symptoms. A request was submitted for Opana ER 5mg #180.

The MTUS Chronic Pain Guidelines indicate that discontinuing opioids should only occur after determining the patient has not had treatment failure due to causes that can be corrected such as under-dosing or inappropriate dosing schedule. Further, the MTUS Chronic Pain Guidelines state that weaning should occur under direct ongoing medical supervision. Given the records submitted and reviewed, approval of #144 pills was indicated. This is consistent with the rate of weaning advocated by the MTUS Chronic Pain Guidelines. However, the requested quantity of #180 exceeds the guideline recommendations. The request for Opana ER 5mg #180 **is not medically necessary and appropriate.**

Effect of the Decision:
The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely;

Richard C. Weiss, MD, MPH, MMM, PMP
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

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Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.